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PTO/SB/07 (08-03)

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="text-align: center; font-family: cursive;">TBD</div>		Filing Date <div style="text-align: center; font-family: cursive;">10/24/03</div>			
							Applicant(s) <div style="text-align: center; font-family: cursive;">Stephen R. Kay</div>					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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50		1										
Total Indep	4											
Total Depend		45										
Total Claims	4	45										

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Indep	Depend	Indep	Depend	Indep	Depend
51					
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Total Indep	5		25		
Total Depend					
Total Claims	5	25			

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10693857 FILING DATE 10-27-03
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	4														
TOTAL DEP.	49														
TOTAL CLAIMS	49														
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TOTAL IND.	5														
TOTAL DEP.	25														
TOTAL CLAIMS	30														